

STOKE MANDEVILLE HOSPITAL
NATIONAL SPINAL INJURIES CENTRE

PATIENTS' FORUM

**Notes of meeting held on Wednesday 10th December 2003
at 6.30 pm in the NSIC Dining Room**

Present: Dr Tom Meagher (Chair)
Mr David Griffiths (Manager NSIC)
Dot Tussler (Physiotherapy)

ACTION

1.0 Minutes of Previous Meeting

The minutes of the meeting of 12th November 2003 were approved.

2.0 Christmas Shopping Trip

TM explained that it had not been possible to arrange the Milton Keynes shopping trip for various logistic reasons as had been the wish of the earlier meeting but that Physiotherapy and OT had arranged a trip to Aylesbury. DT explained that it would not have been possible to take the number of patients who went to Aylesbury as far as Milton Keynes. Some patients who went said it had been a great success. The meeting expressed their thanks to Dot Tussler and her colleagues in OT.

3.0 NSIC Dining Room

DGi explained that plans were continuing to move forward though there were some hurdles that needed to be surmounted, in particular the access to the garden courtyard between the extended servery area and the new TV area. He also explained that the extension of these areas would reduce the dining room capacity and hence it was necessary to evaluate the possibility of moving onto build the conservatory earlier rather than later. It was likely that the internet facility would be ready for the 1st April 2004 but it was uncertain whether the remainder of the build would be completed on this timescale. It was asked whether internet access points for laptops would be available. This had not been planned but we would look into this possibility. DGi explained that the current plans were for one broadband connection for four PCs. It was also suggested that internet access points for laptops in the day rooms would be welcomed.

Action: DGi to continue to feedback on dining room progress and to investigate possibilities of laptop internet access points.

DGi

4.0 **Alcohol Policy**

TM explained that there had been a major disturbance within the Unit in November where a group of patients had consumed a significant amount of alcohol, and security and other staff had received verbal abuse in trying to ask the patients to leave the NSIC dining area late in the evening. The dining room had been left in significant disarray and some damage done to flooring due to inappropriate smoking. All patients who had attended the meeting had been spoken to and written to formally about the event. TM asked the meeting whether they felt it was appropriate to have alcohol within the Unit. There was a wide ranging discussion and following this the consensus was that it would be reasonable to encompass drinking in moderation within the proposed patient agreement and that it would be entirely reasonable to ask patients to return to their referring hospital if they were in breach of the terms of this agreement.

5.0 **Patient Agreement**

TM explained that this had been discussed at the Unit Policy meeting and was in the final stage of development – it would include alcohol, smoking, and responsibility around MRSA. The completed agreement would be brought to the next Patient Forum meeting.

6.0 **Smoking Policy**

The Unit was in agreement that it was a personal decision for patients to smoke, but that smoking should not happen in public areas. TM expressed a view that the day rooms had almost become no go areas to non smokers in view of their current state and that these should become strictly non smoking. Following discussion it was felt reasonable to clearly designate areas as non smoking providing there was an indoor area left for patients to smoke.

7.0 **Quite Room**

RF commented that he had noted that the current room marked ‘quiet room’ was in fact a patient/relatives room. He asked whether it might be possible to re-open a quite room to see e.g. family, solicitors or other occasions when some privacy was required. DT suggested there were other rooms within the Unit e.g. Patient Education that might be available. TM also said there were other rooms within the Unit, e.g. seminar rooms that might be available at relatively short notice.

Action: DGi to ask within the administrative office to identify a quite room. DGi

8.0 **Patient Leaflets**

As previously promised multiple patient information leaflets had been drafted in the last month and these would shortly come into circulation within wards and outpatient waiting area.

9.0 **Acute Admission Information**

DT explained meetings had continued to collate this information. It was as yet incomplete but hopefully would be finished for the next meeting.

10.0 Newspapers

DGi explained that this was managed through Catering who had a link to a local newspaper shop. A current option would be for patients to take a sheet the previous evening to state which paper they required. A number of suggestions were proffered but it was asked that further enquiries were made as to whether it would be possible to have e.g. an individual ward paper round through another local news agent.

Action: DGi to investigate.

DGi

11.0 New Signs to Guttman Centre

DGi explained that these would be put up in the next couple of weeks.

12.0 Christmas Dinner

DGi informed the meeting that relatives were welcome to join patients at the NSIC for Christmas dinner though the wards would need to be notified about this and relatives would have to pay for their dinner.

13.0 Rules of the Road

It was pointed out that there were several of the corridors around the hospital where wheelchairs were at risk of colliding with on comers from the opposite direction. It was asked whether there could be a local 'rule of the road' or signage or possibly mirrors. It was agreed that the Unit would look into signage and mirrors to try and alleviate this.

Action: DGi

DGi

14.0 Tarmac Repair Outside Double Doors Adjacent to Post Graduate Centre

There was a complaint that this was still a problem despite recent repairs.

Action: DGi to investigate.

DGi

15.0 Washing Machines

It was pointed out that there were only two washing machines for patients and this was causing a significant problem. It was also pointed out that frequently patients needed only small loads and whether a small washing machine might be appropriate. The Unit would investigate this and try and improve the situation.

Action: Debbie Green

DGe

16.0 Training for Relatives

There was a request that relatives should be trained in coping with patients on their return home. DT explained that this was encompassed within goal planning.

17.0 Clinical Incidents

TM explained that there were monthly reviews of clinical incidents as a matter of routine within the hospital. One of the most common incidents was patients in wheelchairs having accidents falling out of chairs and he asked that patients took care and minimised their risks.

18.0 Date of Next Meeting

Wednesday 11th February 2004 at 6.30pm in NSIC Dining Room.